



“Over-Age” Exemption and “Exceptional Player” Status

Requests must be submitted to the NWD for approval prior to the player participating in any league, exhibition or tournament games. Mark “X” for the applicable request;

_____ **Over-Age** (OA) requests will be considered in accordance with BC Hockey Policy and NWD Reg 8.

_____ **Exceptional Player** status will be considered in accordance with B.C.H. Policy & NWD Reg 3.05.

Request Date (D/M/Y): _____

Association: _____

Players Name: _____ **HC #:** _____

Players Birthdate (D/M/Y): _____ **Gender** _____ **Age as of Dec 31** _____

Height: _____ **Weight** _____ **and/or Size Description** _____

Designated Division: _____ **Requested Division:** _____

Please note Female and/or Integrated division for designated and/or Requested.

Playing History:

Season: _____ **Team:** _____ **Division** _____

Season: _____ **Team:** _____ **Division** _____

Season: _____ **Team:** _____ **Division** _____

Added Remarks/Reason: _____

NOTE An Evaluation *MUST* be attached for “Exceptional Player Status” and may be requested for OA.

Declaration: We, the undersigned understand that the player may not participate in the requested division until approval has been granted. We understand the NWD reserve the right to **rescind** the approval based on a review of the player’s performance in the approved division.

X _____
Parents Name (print)

X _____
Parents Signature

X _____
Association President (print)

X _____
Presidents Signature

NWD Office Use Only

Date Received: _____

Approved / Not Approved
(circle one)

Date: _____

NWD Name: _____ NWD Signature: _____